

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032454

Entity Name: HEALTHCARE VENTURES LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2590 RANCH CLUB BLVD  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

5650 STRAND COURT  
NAPLES, FL 34110 UN

**Current Mailing Address:**

2590 RANCH CLUB BLVD  
MYAKKA CITY, FL 34251

**New Mailing Address:**

5650 STRAND COURT  
NAPLES, FL 34110 UN

FEI Number: 45-2687444

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STERNBERG, BARRY  
2590 RANCH CLUB BLVD  
MYAKKA CITY, FL 34251 US

**Name and Address of New Registered Agent:**

STERNBERG, ALAN  
442 PALM COURT  
NAPLES, FL 34108 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN STERNBERG

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STERNBERG, PATRICIA  
Address: 442 PALM COURT  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICIA STERNBERG

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date